

**FINAL RECOMMENDATION SUMMARY FORM**

**WORKGROUP: AGING IN PLACE**

<b>STRATEGIC ISSUE:</b>		
1. Develop a program to preserve the affordability and availability of subsidized senior housing.		
<b>FINAL RECOMMENDATION(S):</b>	<b>ACTION STEPS needed for follow up and implementation:</b>	<b>WHO must be involved in follow-up and implementation:</b>
1. Use HUD data to develop a database of 202 preservation-eligible projects with specific information on each project.	HUD staff will collect and provide the data. Post information collected on a Web site that would be updated as needed.	HUD staff, MSHDA staff
2. Research what other states are offering as preservation tools.	Data collection and analysis	MSHDA staff
3. Identify the marketing being done by conventional lenders to 202 project owners.	Contact conventional lenders and equity sources to identify the marketing efforts currently underway	HUD staff, MSHDA staff
4. Develop a marketing strategy to inform 202 owners of various financing products that may be available.	Action dependent on information obtained as a result of recommendations one and two.	HUD staff, possibly MSHDA staff
5. Organize and conduct an outreach session at the Preservation Conference specifically addressing 202 preservation.	Establish date for conference and develop topics for session.	MSHDA and HUD staff, planning committee for the Preservation Conference
6. Develop and implement a team comprised of staff from HUD, MSHDA, experienced nonprofits that are involved with 202s, and equity sources to be technical assistance providers. This team will assess the	Identify appropriate team members. Contact owners of potential properties for refinance as identified in recommendation number one and arrange meetings.	HUD staff, MSHDA staff, nonprofit staff, equity providers staff

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viability of the original sponsors and execute an acceptable strategy to assist owners in identifying whether refinance is a viable option for them.		
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**CHALLENGES associated with follow-up and implementation:**

For recommendation number one – finding the resources to pay for the Web site and identifying the host for the site.

For recommendation number three – how to use the data once collected.

For recommendation number four - MSHDA must analyze the data collected in recommendation number two decide whether or not it would be viable to implement a 202 preservation program.

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<b>STRATEGIC ISSUE:</b>		
2. Evaluate the feasibility of expanding the MI Choice Medicaid Waiver into additional settings (including licensed and unlicensed settings) with increased coordination and use of Housing Choice Vouchers (HCV's) across the state.		
<b>FINAL RECOMMENDATION(S):</b>	<b>ACTION STEPS needed for follow up and implementation:</b>	<b>WHO must be involved in follow-up and implementation:</b>
<p>1. Develop a plan to increase the number of HCV's for statewide replication and expansion of the Affordable Assisted Housing Program (AAHP). A formula must be developed based on factors including the population of elderly/disabled individuals, to ensure adequate distribution of HVC across the state. Vouchers could be rolled out incrementally. In order for this to be successful:</p> <ul style="list-style-type: none"><li>• Expand the exemption to the rule restricting rent to 40% of family income</li><li>• Change the Housing Quality Standards (HQS) to exempt Assisted Living facilities from the requirement to provide a kitchen</li><li>• Change the federal family contribution requirement to allow nonresident family members to contribute financial support</li></ul> <p>2. Support expansion of the program to allow individuals a choice of where</p>	<p>Develop a work team to assist in implementation of this recommendation. Activities would include: Evaluation of current project, offer opportunity for community and professional input, and formulate language recommendations for HUD consideration.</p> <p>Monitor the project activities and allow opportunities for updates to the original workgroup.</p> <p>Utilize the work team identified above, to ensure that the program is available and</p>	<p>The following individuals would be involved in implementation of all of the final recommendations: MSHDA, HUD officials, DCH Office of Long Term Care, DHS, consumers, other industry experts.</p>

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<p>to receive both HCV and MIChoice waiver benefits including various community-based settings, such as:</p> <ul style="list-style-type: none"> <li>• Independent living apartments and single family homes</li> <li>• Continuing Care Retirement Communities (CCRC's)</li> <li>• Licensed or unlicensed Assisted Setting</li> <li>• Project Based: This model should be explored in rural or city setting whenever possible</li> </ul> <p>3. Expand the AAHP to effectively coincide with development/roll-out of the Single Points of Entry (SPE). In 2006, the state of Michigan will begin implementation of a 10-year plan called Modernizing Michigan Medicaid Long-Term Care, with the development of Pioneer SPE sites. SPE sites will offer long term care benefit counseling, and support to individuals and families.</p>	<p>piloted in various settings.</p> <p>Monitor outcomes from the various settings to determine future activities and follow-up.</p> <p>Utilize the work team identified above, to coordinate with DCH as they select SPE pioneer sites to ensure coordination of statewide roll out.</p> <p>Monitor outcomes.</p>	
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### CHALLENGES associated with follow-up and implementation:

1. There are likely no financial implications for removing the 40% rule for HUD of MSHDA. The financial impact would be for the client, but this impact would be acceptable to the client.
  2. Working with HUD to change administrative rules and waive the “kitchen rule” and the “family contributions” rule, would be challenging, but certainly possible.
  3. Identifying this group as a preference – like homeless individuals could be a challenge.
- Coordination with the SPE could be challenging as this entity is only just being developed.

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<b>STRATEGIC ISSUE:</b>		
3. Develop a plan to establish up to 6 pilot Continuing Care Retirement Communities (CCRC) projects. This may include defining the concept, documenting ways to make CCRCs affordable and documenting lessons learned (for possible replication).		
<b>FINAL RECOMMENDATION(S):</b>	<b>ACTION STEPS needed for follow up and implementation:</b>	<b>WHO must be involved in follow-up and implementation:</b>
1. Evaluate all CCRC pilot projects individually and in the aggregate	<ul style="list-style-type: none"><li>• Define the CCRC concept</li><li>• Investigate methods to make CCRC's affordable</li><li>• Document findings for possible replication</li></ul>	DLEG, MSHDA, HUD, OSA, MSHFA, MAHSA
2. Identify and eliminate conflicting financial and regulatory constraints in the development of CCRSs	<ul style="list-style-type: none"><li>• Create a one-stop financing for CCRC projects in Michigan</li><li>• Clarify the definition of CCRC in PA 440 of 1976</li><li>• Modify PA 440 of 1976 to allow for the use of entrance deposit to assist in capitalization</li></ul>	DLEG, DCH, MSHDA, HUD, OSA, MSHFA, MAHSA
3. Explore alternative methodologies for funding CCRCs in Michigan	<ul style="list-style-type: none"><li>• Modify the social Security Act to allow Michigan to obtain project-based Medicaid waivers in alternative living environments</li><li>• Create financial incentives for organizations wishing to develop additional levels of care along the continuum</li><li>• Implement Set-aside Low-Income Housing Tax Credits for funding CCRC development</li><li>• Modify PA 38, 1969 to allow for the funding of alternative living sites and government owned entities</li></ul>	DLEG, DCH, MSHDA, HUD, OSA, MSHFA, MAHSA, Zeigler Capital Markets Group

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4. The RFP should encourage alternative CCRC settings	<ul style="list-style-type: none"><li>• Protect the tax abatement available to future or existing housing developments that may be owned by a non-profit housing corporation, consumer housing cooperative or Limited Dividend Housing Associated Limited Partnership</li><li>• Compare and contrast rural and urban settings</li><li>• Provide incentives to CCRC projects that offer alternative community services</li></ul>	MSHDA, DCH, HUD, OSA, MSHFA, MAHSA, Henry Ford Health System
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#### **CHALLENGES associated with follow-up and implementation:**

- Developing a CCRC definition
- Obtaining pilot funding approval
- Funding for studies
- Finding developers
- Inability to change laws

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<b>STRATEGIC ISSUE:</b>		
4. Develop opportunities to more effectively link services to single family homes, apartments, and other independent elderly developments.		
<b>FINAL RECOMMENDATION(S):</b>	<b>ACTION STEPS needed for follow up and implementation:</b>	<b>WHO must be involved in follow-up and implementation:</b>
1. Improve access to information among housing and aging network service providers by: <ul style="list-style-type: none"><li>Developing an on-line system to create an interactive website that includes in real time the types of housing available. This should include MSHDA housing, HUD housing, licensed AFC/HFA, licensed nursing homes, rural housing, and private, for-profit housing</li><li>Promoting use of the elder care locator (Area Agencies on Aging or “AAA” networks) locally through media, to housing providers and persons living in single-family homes</li><li>Coordinating all activities with development of the Single Point of Entry (SPE) and Modernizing</li></ul>	<p>Make sure that the Housing Locator system that the State of Michigan Housing Locator Committee is working on includes information necessary for the elderly to make informed decisions on housing and services</p> <p>Consider innovative, cost-effective private/public models</p> <p>Develop a public information strategy, including; developing an information packet that can be mailed to all housing providers to educate them about the elder care locator and local area agency on aging Information and Assistance programs, utilizing public service announcements and public access TV</p> <p>The implementation team should schedule periodic meetings to update each other on these related initiatives</p>	<p>The State of Michigan Housing Locator Committee, MSHDA, HUD, DHS and OSA staff implementing the Housing Locator component of the ADRC (Aging and Disabilities Resource Centers) Grant</p> <p>Area Agencies on Aging (AAA’s), National Area Agencies on Aging Association (N4A), Michigan AAA Association, Michigan Office of Services to the Aging (OSA), MSHDA, HUD, Housing Owners and Housing Management Companies, National Association of Housing and Redevelopment Officials Organizations (NAHRO)</p> <p>DCH, (Including new Office of Long Term Care), DHS, The Pilot SPE Projects that are awarded</p>

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<p>Michigan Medicaid Long Term Care Task Force Recommendations</p> <p>2. Redefine care management service models to allow linkage of services to seniors wherever they live by:</p> <ul style="list-style-type: none"> <li>Expanding the range of Care Management options/models (including: Case Management; Supports Coordination; Service Coordination; Outreach; Resource Advocacy and Self-Determined Care; Naturally Occurring Retirement Communities) to strengthen array of choices and maximize efficient utilization &amp; deployment of existing dollars</li> <li>Exploring how MSHDA could help to support Care Management as a</li> </ul>	<p>Educating property managers on availability of care management services through seminars and written materials, the Annual Affordable Housing Conference, for examples</p> <p>Allowing individuals to co-pay (or cost share) for needed services. Perhaps, family members could contribute – not as a mandate – but as a voluntary thing to do</p> <p>Applying for service coordinator grants that might be available – esp. new \$50 Million funding from HUD posted in 2/3/06 Issue of the Older Americans Report pg. 36 – call Jan Monk (614) 848-5958 for more info.</p> <p>MSHDA advocating with HUD to increase flexibility and allow funding of service coordinators in Public Housing Authorities (PHA's) senior residential settings</p>	<p>* Members of the current AIP task force/work groups should convene 1-2 times a year to get updates on implementation and share progress with representatives of the implementation team</p> <p>*this is suggested for all of our 4 issues to provide continuity, reinforce each other's efforts and support a more integrated and coordinated system to consumers</p> <p>DCH, DHS, OSA, AAA's, PHA's, HCB Waiver (MI-Choice) Programs, Care Management Agents, Jewish Family Services Naturally Occurring Retirement Program – Oakland Co.,</p> <p>MSHDA, HUD, PHA's</p>
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<p>service that could link directly to senior buildings</p> <ul style="list-style-type: none"> <li>• Providing training for volunteers or family members to assist with care management functions (e.g., senior companions</li> <li>• Increasing the number of piloted self-determination sites in the state</li> </ul> <p>3. Providing more affordable home care services on site at existing senior residential settings</p> <ul style="list-style-type: none"> <li>• Partnering with home health care agencies to provide services to residents on-site via private-pay and Medicaid waivers</li> <li>• Exploring baseline data on level of need with respect to home health care services availability/accessibility within senior residential settings (including a review of a previous study that AAA 1-B submitted to Gabe L. - MSHDA on this)</li> </ul> <p>4. Expand home environment modification programs to include single and multi-family homes by:</p> <ul style="list-style-type: none"> <li>• Exploring additional/alternative resources to fund home environment</li> </ul>	<p>Convening the players in the “WHO” column to the right for purpose of developing a feasibility plan for this recommendation</p> <p>Exploring established numbers of SD pilots now and develop a feasibility plan for expansion</p> <p>Explore ways to increase availability of HCB Medicaid Waivers</p> <p>Analyze the existing data and available previous report cited and update as needed to include data on all existing senior housing</p> <p>Develop a long range plan (5 – 20 years) component within MSHDA’s strategic planning process that addresses housing related services needs of the tsunami of baby boomers</p> <p>Having MSHDA coordinate a volume-buying program for home environment modification equipment i.e., grab bars, outdoor</p>	<p>DCH, DHS, OSA, Senior Companion Program Directors, AAA’s, AAA Association, Red Cross, Centers for Independent Living (CILS’s)</p> <p>DCH, Self Determination Staff, Long Term Care Office, Existing pilot Self-Determination Program staff</p> <p>DCH, New Long Term Care Office, DHS, OSA, MSHDA, HUD, Michigan Home Care Association &amp; members, AAA’s, AAA Association</p> <p>MSHDA., with consulting partners such as above</p> <p>AAA 1-B, OSA, MSHDA</p>
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<p>modifications to promote livability and increased visit-ability</p> <ul style="list-style-type: none"> <li>• Recommending including home environment modification as a Medicaid benefit (not just for the MI Choice Waiver), but for all Medicaid recipients</li> <li>• Expanding and replicating the Tuesday Toolmen Program (a home repair program using RSVP volunteers) to help support home environment modifications</li> </ul>	<p>railings/ramps</p> <p>Review cost-benefit info. regarding medical and care expenses saved through environmental modification as justification for regular Medicaid benefit inclusion</p> <p>Continue working on action steps identified in OSA's Tuesday Toolmen Expansion Strategy Paper recently shared with the Governor's Office – like offering a session at the Affordable Housing Conference</p> <p>Promoting the use of Reverse Mortgages to help modify the home environment to allow people to successfully age in place</p>	<p>DCH, State Fall Prevention Task Force, OSA, DHS</p> <p>OSA, RSVP, Seniors Services, Inc., Faith-based organizations, Home building Suppliers</p> <p>Banking industry, National Council on Aging (Reverse Mortgage Web Kit), Affordable Housing Conference Comm.</p>
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#### **CHALLENGES associated with follow-up and implementation:**

- Time to develop materials
- Funding for written materials, web development, education and public information
- Coordination of multiple organizations
- Seniors in rural areas have more difficulty with accessing a complete package of services comparable to those generally available in urban areas
- Cost increases in transportation
- Increased cost of service providers results in higher cost per unit and less services that can be provided for the same level of funding
- Inconsistency in availability of transport to medical and other needed services
- Funding for expanding HCB Medicaid Waiver
- Lowest income seniors have trouble affording private services
- Ability to deploy adequate services to seniors living in rural areas
- Funding
- Coordination

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- Finding and supporting evidenced based cost-benefit information on home modification and fall prevention
- Policy change that would be required in regular Medicaid for added benefit of “environmental accessibility adaptations” currently included as an approved service in the HCBED Medicaid Waiver